

NEWTOWN HEALTH DISTRICT
3 Primrose Street
Newtown, CT 06470

DATE: _____

PRELIMINARY PLAN REVIEW

NOTE: Allow 7-10 days for plan review. Two sets of septic proposal plans must accompany this application for the Health District to review.

Application is hereby made to review a plan to construct a sewage disposal system for a:

☐ Residence ☐ Commercial ☐ Restaurant ☐ Other_____

Located at: _____

Assessor's Map: _____ Block: _____ Lot: _____

☐ New System ☐ Addition ☐ Repair ☐ Other_____

Lot Size: _____ Number of Lots: _____

RESIDENTIAL: Number of Bedrooms: _____ Existing Bedrooms: _____

SUBDIVISION: _____

NON-RESIDENTIAL: Design Criteria:

(Circle Correct Item)

On Designated Wetlands	YES	NO	Basement Fixtures	YES	NO
Foundation Drains	YES	NO	Laundry Hook-ups	YES	NO
Garbage Disposal	YES	NO	Hot Tub	YES	NO
Special Equipment	YES	NO	Flood Zone	YES	NO
Water Supply	PRIVATE	PUBLIC	Bath tubs over 100 g	YES	NO

Owner: _____

Address: _____

Phone: _____

FEE PAID: _____ \$50.00 per lot

SIGNED: _____
(Owner or Authorized Representative)

